DOCUMENT RESUME

ED 287 107 CG 020 235

AUTHOR Towns, Kathryn; And Others
TITLE Pennsylvania Women's Mental Health.
PUB DATE Apr 87
NOTE 12p.; Paper presented at the Annual Meeting of the Eastern Psychological Association (Arlington, VA, April 9-12, 1987).
PUB TYPE Reports - General (140) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Delivery Systems; *Females; Mental Health; *Mental Health Programs; *Public Health; *Sex Differences
IDENTIFIERS *Pennsylvania

ABSTRACT

Women have undergone a revolution in their self-perception and their traditional relationships to work, money, marriage, and family. These social changes have implications for every aspect of women's lives, including their mental health. Because of the special problems and conflicts confronting women today, data need to be analyzed on policies, research, training, and service delivery focused on women's mental health. As part of a projected 3-year study, a special task force investigated Pennsylvania's mental health delivery system to women, focusing on individual development, mental illness, education and training of professionals, delivery of human services, research, and consumer education. The task force generated information on college courses concerning women's mental health and on women's centers' mental health activities. Women's life-span development in the context of self, family, home, work, and community; stresses upon women's daily lives; and the mental health system in the context of curriculum and training for providers, diagnosis and treatment were examined in a conference which included advocates, consumers, and providers. This conference concluded that: (1) more women should be in decision-making positions; (2) low self-esteem is a problem for women; (3) practitioners need to be educated about gender differences; (4) research is needed on services for women; (5) research on strategies to prevent mental health problems should be a priority; and (6) increased funding is needed for special services such as health centers, centers for the abused, rape crisis centers, day care for children or the elderly, etc. Data from regional conferences and surveys will be summarized and included in a report of the 3-year study. (ABL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED287107

Pennsylvania Women's Mental Health

The Pennsylvania Task Force for Mental Health: Women has completed a steering committee year during which it generated data from seven surveys, the PA census data and the Patient Census Information System (1984-85); has held an invitational conference to hear the voices of professional women (June, 1986); has sponsored seven regional conferences across the state to hear the voices of advocates, consumers and providers at the local level; and has generated three regional surveys to hear those same voices where conferences were not held (1986-87). Currently policy and implementation recommendations are being prepared for a three year compiled report and a possible fall conference (1987).

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Kathryn Towns

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

CG 020235

Kathryn Towns and Rie Gentzler of
Penn State/Capital College, Middletown
Barbara Claster
Private Practice, NY, NY

Paper Presented
at Eastern Psychological
Association Meeting
Arlington, VA, April, 1987

BEST COPY AVAILABLE

Introduction

In recent decades, women in the United States have undergone something of a revolution in their self-perception and their traditional relationships to work, money, marriage, and family. These social changes have implications for every aspect of women's lives, including health and illness.

"Diversity is the hallmark of the lifestyles of contemporary American women. Research and service programs planned to meet women's health needs must be cognizant of these differences" (Report of the Public Health Service Task Force on Women's Health Issues, 1985).

The women's movement of the 60's came from four developments which led to more alternatives for women. These were the development of the contraceptive pill, the worldwide recognition of the threat of overpopulation, society's revolution in sexual mores, and a longer life expectancy. In the 70's these four factors resulted in a decrease in the number of children born in the developed countries of the world, a dramatic increase in the number of women entering into the labor force, and an increase in the number of women who remain or become and then remain single, and an increase in the number of women living at or below the poverty level.

Birth control, longevity, singlehood and economics have been the most influential in changing the traditional image of women, impacting upon women's inner and outer worlds. Women have unlearned old beliefs through consciousness raising and other techniques. Women have been identifying ways of modifying unhealthful conditions and behaviors, particularly those which would improve their health and mental health. Women are subject to most of the pressures and conditions that contribute to mental health problems of men, but women have

fewer real-world options for achieving a financially, socially, and psychologically secure status in our society. This factor has diminshed their internal sense of their own competence, their power and their self esteem. Efforts need to be focused not only on the problems and conflicts which women experience within themselves, but also those in their communities, at work, and within family structure.

Data need to be analyzed and perhaps generated on current policies, research, training, and service delivery focused on womeon's mental health. However, improving current services, systems, and policies is a short term goal. Longer term goals include ways to incorporate new research on women and women's mental health into professional training and practice, public policy and research. Preventive programs, aimed at curbing new generations of mental health problems, should be the highest priority.

The investigation of Pennsylvania's mental health system and its relationship to the identified needs of women is an immense task with few guide post programs. The State of Michigan (10/83) is the only state with a published report. Lehigh County, PA (12/83) has a report which can serve as a county model. In addition, the Report of the President's Commission on Mental Health, Subpanel on Mental Health of Women (1978), the Report of the Public Health Service Task Force on Women's Health Issues (1985), the American Psychological Association's Developing a National Agenda to Address Women's Mental Health Needs (1985), and the Association for Women in Psychology's Women's Mental Health as an Agenda Item for Nairobi (1985) all focus both on immediate solutions and long-term preventions of problems.

These reports define the mental health delivery system as concerned with the process of an individual's development, mental illness, the education and training of professionals, the delivery of human services, research, (particularly applied research), and consumer education. The reports challenge mental health professionals and consumers to acknowledge the existence of new knowledge about women, to explore how the social context contributes to the origins and persistence of problems of women, and to develop programs which help both to eradicate the alienation, powerlessness, and poverty of women and to focus on preventing continuing recurrences. They have identified the need for a thorough examination of the systems policies for, research on, and treatment of women.

1984-1985

In 1984 a Pennsylvania Steering Committee was jointly sponsored by Pennsylvania's Advisory Committee for Mental Health/Mental Retardation and The Pennsylvania Commission for Women. This Committee of nine members met throughout the 1984-'85 year to question whether there were enough data and/or need to form a Task Force to work on issues relevant to women's mental health.

The committee generated a long report with data gathered from surveys sent to: (1) colleges, universities and medical schools that provide training for mental health professionals; (2) women's centers; (3) women's organizations; (4) commissions, councils and committees on the status of women; (5) mental health professionals' organizations; (6) state mental hospitals and restoration centers; and (7) county mental health administrators. In addition, data were generated from the 1980 census and the Patient Census Information System.

Results from these surveys included the following information:

1. Twenty-four percent (24%) of colleges, universities and medical schools replied and do offer courses "on women" and "on women's mental health." Yet none requires such a course of its mental health trainees. Data reported by them indicate that less than one-fourth of course content centers on women's issues. Fifty-five percent (55%) of the departments did report a need for training in feminist therapy models.

2. Twenty-three percent (23%) of the Women's Centers reponded and 60% of them state they offer mental health related workshops, seminars, and courses. The development of self-confidence/esteem and how to deal with abuse/violence were the greatest needs cited.

3. Seventeen percent (17%) of 29 state-wide women's organizations responded. This small number may best illustrate the level of understanding of the importance of this issue in the general public. The respondents did indicate that the greatest needs were in protection from rape/violence and in economic security issues.

4. No commissions or committees in the other 49 states were working on such issues.

5. Among professional organizations, only the PA Psychological Association reponded. Therefore that information is being held confidential.

6. and 7. These surveys took more than eighteen months to complete and were not included in the data analysis used as a basis for the recommendation for the establishment of a Task Force.

In Spring, 1985 the Task Force was cosponsored by The Pennsylvania Commission for Women and the Advisory Committee for the Office of Mental Health/Mental Retardation. The Task Force was charged with these five responsibilities to:

1. Ensure that its membership is composed of PA consumers and professional women representing distinct ethnic, cultural and economic groups;

2. Review data from the Steering Committee and establish priorities for further assessment and evaluation of women's needs based on demogrpahic and program information;

3. Seek funding from both private and public sectors to support research and staff;

4. Develop preventive programs that ensure the eradication of sexism in the delivery of mental health services for women and integrate women's mental health issues into the consciousness of consumers and into the education and training of professionals;

5. Develop a structure for continuing the organizational functioning for these endeavors beyond the 2-3 years of the Task Force existence.

1985-1986

In November, 1985 the Task Force of approximately twenty members began its work. The women were professionals from across the state and were from many disciplines--social workers, psychiatric nurses, pediatricians, psychiatrists, county commissioners, psychologists, etc. In monthly meetings of a day and a half, the women worked to understand each other's language and viewpoint. The goal was to sponsor a conference in June of 1986.

During these work sessions groups developed critical stages across the life span of women and tried to define what was the normal pattern there and what were the stress issues which precipitated the need for services. The Task Force worked to identify needs, put them in priority order and set strategies to ameliorate the problems related to women's mental health. Unifying the views and efforts of adovcates, consumers, and providers was the goal. Task Force members examined 1) women's life-span development in the context of self, family, home, work and community, 2) stresses upon women's daily lifes, and 3) the mental health system in the context of curriculum and training for providers, diagnosis and treatment in general and for special populations of women, public mental health policy, and research about people individually and collectively.

In June, 1986 an invitational conference was held at Bryn Mawr where about seventy advocates, consumers and providers worked in six separate groups for a day and a half. The separate work groups were as follows:

1. Women's Mental Health Probems

   Examination of prevalent mental illnesses among women and the impact of the course of the illnesses upon the women's lives from the perspective of an illness, i.e., alcohol and drug abuse, depression, eating disorders, schizophrenia.

2. Physical Issues in Women's Life-Span: Physical and Reproductive

   Examination of the impact of physical illness and reproductive issues upon the woman's economic, physical and psychological life, i.e., aging, arthritis, cancer, heart disease, hypoglycemia, osteoporosis, abortion, infertility, menopause, PMS pregnancy.

3. Interpersonal Issues in Women's Life-Span: Relationships

   Examination of the quality and quantity of relationships and their changes over a life-span, giving women's lives a tapestry woven from both meaningful connections and painful disruptions, i.e., aging, divorce, empty nest, isolation, marriage, motherhood, singlehood, single parenting, widowhood.

4. Violence

   Examination of the impact violence has on a woman's life and what services are available/needed, i.e., abuse, assault, incest, rape, counseling services, physical services.

5. Special Populations and Their Needs

   Examination of the needs, which often go unrecognized and unmet, of special women, i.e., Asian, Black, Hispanic, differently abled, incarcerated, lesbian, rural.

6. Women in Treatment

   Examination of the appropriateness and availability of treatment for women in the private and public sector, i.e., group treatment, individual treatment, peer counseling, psychotropic drugs, support groups.

Conclusions from several of the groups are given below.

1. More women should be in decision making position.
2. All groups addressed the problem of low self-esteem or self-worth of women. Several gruops spoke of empowering women to understand and monitor mental health concerns for women.
3. Educating the practitioner, in particular, and the provider system people, in general, was reported often. The conclusion was that the study of gender differences should be a requirement in the education of all the service providers.

4. Research is needed on appropriate services from women, particularly research on how much funding is needed and on where such services should be located to be accessable to all women in Pennsylvania. School curricula should be reviewed to see what research and what educational programs are needed to accomplish consciousness raising among providers and to increase service delivery to women. Determining which of the modalities of treatment better enhance the independence and self-esteem of women should be a research project of the Office of Mental Health.
5. Research on strategies to prevent mental health problems is a priority. Lists of Regional resources and Training Materials/workshops on Gender Differences should be developed by the Office of Mental Health.
6. Increased funding is needed for special services such as health centers, centers for the abused, rape crisis centers, displaced homemaker centers, day care centers, day care for the elderly, etc.

Other suggestions for action were related to support systems and funding for the activities of the Task Force.

Major Specific Recommendations include:

1. Shift the philosophical base of the Office of Mental Health from that of a medical model to a community systems model.
   a. Remove the requirement that the head person be a psychiatrist.
2. Charge the system itself with the responsibility of preparing material/information for distribution at training sessions or at all centers.
   a. Material is needed on access to regional support systems and to feminist therapists for the clients.

b. Material and consciousness raising training sesions are needed for the providers.

c. A statewide hotline for information on services for women should be funded.

3. Accrediting and Licensing Boards should require at least one course on gender differences in all programs training professional providers.

4. Universities, Colleges and Schools should review curricula to see that courses/programs include newer research/knowledge/material on women.

5. Research conducted both within the mental health system and by external experts is desperately needed. This is particularly true of applied research.

6. Efforts to empower women should encompass advocates, consumers, and providers. More women need to be in decision makidng positions.

7. A refocusing on primary prevention efforts is vital. Tertiary models are more costly in the long run.

A major outcome of ths conference was that the attendees were now prepared to go "back home" and run similar conferences. Seven conferences were held in Fall, 1986 in

Erie

Pittsburgh

State College

Allentown

East Stroudsburg

Bucks County

Philadelphia

Three other regions were covered by surveys:

Bethlehem-Easton

Reading-Scranton-Wilkes Barre

South Central (Nine Counties)

1987

Currently, data from these conferences and surveys are being summarized and included into the report of the three year study.

These regional efforts incorporated the voices of those women who could not afford to travel for Bryn Mawr or Task Force meetings. To date over 1000 Pennsylvania women have participated at their own expense as members of the Steering Committee, the Task Force, at the statewide conference, at the regional conferences or as survey respondents.

Summary

This project is an example of action research in steps:

1. Small group of professionals take a "snap shot" of the data/circumstances as they are.
2. Larger diverse group of professionals works toward a more common vocabulary and consensus on a way to gather information/hear from people.
3. A concentrated-effort-conference serves as a training model for attendees to replicate in other geographic areas.
4. Regional data gathering allows for local voices and local differences to be heard.
5. Summarizing such diverse data bases proves to be a major problem when assigned to a group effort!!